

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214511604		
1.) CORPORATION NAME: STONEWALL MANOR COMMUNITY ASSOCIATION, INC.				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PAUL S TEAGUE 8306 MCNEIL STREET VIENNA, VA		DUE DATE: 3/31/2014 SCC ID NO: 01253954 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table>	CLASS	AUTHORIZED
CLASS	AUTHORIZED			
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY				
4.) STATE OR COUNTRY OF INCORPORATION: VA				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: 8306 MCNEIL STREET CITY/ST/ZIP: VIENNA, VA 22180 </div>				
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.				
NAME: ANNE HART TITLE: PRESIDENT ADDRESS: 2421 DREXEL ST CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="checked" type="checkbox"/> OFFICER <input checked="checked" type="checkbox"/> DIRECTOR			
NAME: JULIE HIRKA TITLE: VICE PRESIDENT ADDRESS: 8400 ACADEMY ST CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="checked" type="checkbox"/> OFFICER <input checked="checked" type="checkbox"/> DIRECTOR			
NAME: PAUL TEAGUE TITLE: TREAS/AREA REP ADDRESS: 8306 MCNEIL ST CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="checked" type="checkbox"/> OFFICER <input checked="checked" type="checkbox"/> DIRECTOR			
NAME: ELIZABETH FLANAGAN TITLE: SECRETARY ADDRESS: 8425 STONEWALL DRIVE CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="checked" type="checkbox"/> OFFICER <input checked="checked" type="checkbox"/> DIRECTOR			
NAME: DONNA BERK TITLE: AREA REP ADDRESS: 2516 JACKSON PARKWAY CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			
NAME: NOELE GHAITH TITLE: AREA REP ADDRESS: 8503 STONEWALL DR CITY/ST/ZIP/CO: VIENNA, VA 22180	<input checked="checked" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR			

NAME:	SALLY DIVITA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	8415 MANASSAS CIRCLE		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	Stephanie Findaly	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	2529 Swift Run St		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	KERRY WALDREP	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	2331 Jackson Parkway		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	KIM HAMILTON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	8503 STONEWALL DRIVE		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	HANNAH LAUFE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	2438 HOLT STREET		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	Maureen BERRY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	8305 Stonewall Dr.		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	MARY MARLOWE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	2409 JACKSON PARKWAY		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	Margarite Tumulty	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	2502 Drexel St		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	NANCY MURPHY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	2408 GARNETT COURT		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
NAME:	CASSIE WILLIAMS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AREA REP		
ADDRESS:	2430 Villanova Drive		
CITY/ST/ZIP/CO:	VIENNA, VA 22180		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PAUL TEAGUE	PAUL TEAGUE, TREAS/AREA REP	3/1/2014	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			